24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)		1101120		PAGE 1 OF 6 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Prote	ection			C C00490375
Check if 24-hour report 48-hour report	X New rep	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Postal Systems, Inc.			Date	e of Public Distribution/Dissemination
Mailing Address 1890 North Blvd.			Amo	02 10 2016 ount
City San Leandro	State CA	Zip Code 94577	Tran	23829.17
Purpose of Expenditure postage		Category/		e of Disbursement or Obligation 02 08 2016
Name of Federal Candidate BERNARD SANDERS		Support	Office Soug	
Calendar Year-To-Date		Oppose 27	Disburseme	
Per Election for Office Sought Full Name of Payee		32625.37		Other (specify) ▶e of Public Distribution/Dissemination
Postal Systems, Inc.				02 10 2016
Mailing Address 1890 North Blvd.			Amo	ount
City San Leandro	State CA	Zip Code 94577		33543.88 saction ID : D710121 e of Disbursement or Obligation
Purpose of Expenditure postage		Category/ Type		02
Name of Federal Candidate BERNARD SANDERS		Support Oppose	Office Sou	
Calendar Year-To-Date Per Election for Office Sought		46109.93	Disburseme 2016	
(a) SUBTOTAL of Itemized Independent Expenditures.				57373.05
(b) SUBTOTAL of Unitemized Independent Expenditure	es		. .	
(c) TOTAL Independent Expenditures			·· •	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized			
Martha Kuhl Signature	[Electron	ically Filed] Date	e 02	10 2016

	neddic E)	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
IN	ational Nurses United for Patient Protection	C C00490375
Che	eck if X 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Т	Full Name of Payee	Date of Public Distribution/Dissemination
	Postal Systems, Inc.	02 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 1890 North Blvd.	Amount
ŀ	City State Zip Code	19953.67
	San Leandro CA 94577	Transaction ID : D710122 Date of Disbursement or Obligation
	Purpose of Expenditure postage Category/ Type	02 / 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ı	Name of Federal Candidate Support Office	Sought: House District: 00
	DEDNADD CANDEDO	President Senate State: CO
	Calendar Year-To-Date Per Election for Office Sought Disbut 27493.27 Disbut 2016	Primary General
ŀ	Full Name of Payee	Other (specify)
	Alliance Graphics	Date of Public Distribution/Dissemination
	Mailing Address 1101 8th Street	02 10 2016 Amount
ŀ	City State Zip Code	10971.90
	Berkeley CA 94710	Transaction ID : D710108 Date of Disbursement or Obligation
	Purpose of Expenditure Printing Category/ Type	02 09 2016
ľ	Name of Federal Candidate Support Office	e Sought: House District: 00
	Bernie Sanders Oppose	President Senate State: DC
	Calendar Year-To-Date Per Election for Office Sought Disbut 24769.93	orsement For:
((a) SUBTOTAL of Itemized Independent Expenditures	30925.57
((b) SUBTOTAL of Unitemized Independent Expenditures	
((c) TOTAL Independent Expenditures	
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	Martha Kuhl [Electronically Filed] Date	2 10 2016
	Signature	

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Sc	hedule E)	D11 01120		PAGE 3 OF 6 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Na	ational Nurses United for Patient Protection			C C00490375
				O
Che	eck if 🔀 24-hour report 🗌 48-hour report 🗎 New re	report Amends repo	ort filed on	M / D D / Y Y Y Y Y
1	Full Name of Payee Autumn Press		Date of	of Public Distribution/Dissemination
-			М	02 10 2016
	Mailing Address 945 Camelia St		Amour	nt
ŀ	City State	Zip Code		3322.30
	Berkeley CA	94710-1437		action ID : D710112 of Disbursement or Obligation
	Purpose of Expenditure Printing	Category/ Type		02 10 2016
ŀ	Name of Federal Candidate		Office Sough	t: House District: 00
	BERNARD SANDERS	Oppose	> Preside	
	Calendar Year-To-Date Per Election for Office Sought	7092.10	Disbursement 2016	
ŀ	Full Name of Payee			ther (specify)
	Autumn Press			of Public Distribution/Dissemination
-	Mailing Address 945 Camelia St		— L	02 10 2016
	945 Carriella Si		Amou	nt
ŀ	City State	Zip Code		13198.03
	Berkeley CA	94710-1437		oction ID: D710113 of Disbursement or Obligation
	Purpose of Expenditure Printing	Category/ Type		02 / 10 / 2016
	Name of Federal Candidate	X Support	Office Sough	t: House District: 00
	Bernie Sanders	Oppose	X Preside	ent Senate State: DC
	Calendar Year-To-Date Per Election for Office Sought	24769.93	Disbursemen 2016 O	t For:
(a) SUBTOTAL of Itemized Independent Expenditures		>	16520.33
(b) SUBTOTAL of Unitemized Independent Expenditures		· •	7 1 7 1 7 1
(c) TOTAL Independent Expenditures			7 1 7 1 7
W	Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.			
		ronically Filed] Date	9 02	10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature			

· · · · · · · · · · · · · · · · · ·		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	••••	FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protect	tion	C C00490375
Check if 24-hour report 48-hour report	New report Amends report filed of	on M = M / D = D / Y = Y = Y
Full Name of Payee		Date of Public Distribution/Dissemination
Autumn Press		02 10 2016
Mailing Address 945 Camelia St		Amount
City Sta	te Zip Code	8796.20
Berkeley C/	·	Transaction ID : D710114 Date of Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type	02 10 2016
Name of Federal Candidate	Support Office	Sought: House District:00
BERNARD SANDERS		President Senate State: MO
Calendar Year-To-Date Per Election for Office Sought	32625.37 Disbur 2016	sement For:
Full Name of Payee Autumn Press		Date of Public Distribution/Dissemination 02 10 2016
Mailing Address 945 Camelia St		02 10 2016 Amount
City Sta	te Zip Code	12566.05
Berkeley C	A 94710-1437	Transaction ID : D710115 Date of Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type	02 10 2016
Name of Federal Candidate	Support Office	Sought: House District: 00
BERNARD SANDERS	Oppose X	President Senate State: GA
Calendar Year-To-Date Per Election for Office Sought	46109.93 Disbur 2016	rsement For: X Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	>	21362.25
(b) SUBTOTAL of Unitemized Independent Expenditures.	·····	
(c) TOTAL Independent Expenditures	······	1 4 1 4 1 6
Under penalty of perjury I certify that the independent ex with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized committee or agent of either,	
Martha Kuhl	[Electronically Filed] Date 02	M / D D / Y D D Z 2016
Signature		

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ooneddie E)		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection	UII	C C00490375
Check if X 24-hour report 48-hour report	New report Amends report filed o	on M = M / D = D / Y = Y = Y = Y
Full Name of Payee		Date of Public Distribution/Dissemination
Autumn Press		02 10 2016
Mailing Address 945 Camelia St		Amount
City State	Zip Code	7539.60
Berkeley CA	94710-1437	Transaction ID : D710116 Date of Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type	02 / 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office	Sought: House District: 00
BERNARD SANDERS		President Senate State: CO
Calendar Year-To-Date Per Election for Office Sought	27493.27 Disburs 2016	sement For:
		Other (specify)
Full Name of Payee Autumn Press		Date of Public Distribution/Dissemination
Mailing Address 945 Camelia St		02 10 2016 Amount
City State	Zip Code	26388.60
Berkeley CA		Fransaction ID : D710117 Date of Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type	02 / 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office	Sought: House District: 00
BERNARD SANDERS	<u></u>	President Senate State: TX
Calendar Year-To-Date Per Election for Office Sought	26388.60 Disburs 2016	sement For:
(a) SUBTOTAL of Itemized Independent Expenditures	>	33928.20
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expe with, or at the request or suggestion of, any candidate or au party committee) any political party committee or its agent.		
Martha Kuhl [[Electronically Filed] Date 02	
Signature		

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	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) National Nurses United for Detiont Protection	FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection	C C00490375
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y = Y
	te of Public Distribution/Dissemination
Autumn Press	02 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 945 Camelia St	nount
City State Zip Code	3769.80
	ansaction ID : D710118 te of Disbursement or Obligation
Purpose of Expenditure Printing Category/ Type	02 / 10 / 2016
Name of Federal Candidate Support Office Sou	ught: House District:00
BERNARD SANDERS Oppose Pres	sident Senate State: SC
Calendar Year-To-Date Per Election for Office Sought Disbursem 2016	nent For:
	ate of Public Distribution/Dissemination
Michael Konopacki	02 10 <u>Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y</u>
Mailing Address PO Box 1917	nount
City State Zip Code	600.00
	nsaction ID : D710119 ate of Disbursement or Obligation
Purpose of Expenditure Graphic Design for PAC Category/ Type	02 / 10 / 2016
Name of Federal Candidate Support Office Soil	ught: House District:00
	esident Senate State: DC
Calendar Year-To-Date Per Election for Office Sought Disbursen 24769.93	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	4369.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	164479.20
Under penalty of perjury I certify that the independent expenditures reported herein were not made i with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Martha Kuhl [Electronically Filed] Date 02	10 2016
Signature	

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